

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7487</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>William R Van Loo</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8293 GANNON Circle</u> City <u>Easton</u> State <u>MD</u> ZIP Code + 4 <u>21601</u>	4. Name, file number, and address of labor organization. Name <u>District No. 1 PCD, MEBA, AFL-CIO</u> Labor Organization File Number <u>066-581</u> P.O. Box, Building and Room Number, if any <u>Suite 800</u> Street <u>444 N. Capitol Street, NW</u> City <u>Washington</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>Branch Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>William R. Van Loo</u>	On <u>3/28/05</u> Date	<u>410 685 5353</u> Telephone Number

Name of Person Filing <u>William K. VanLoo</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MEBA Benefit Plans</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1007 Eastern Ave</u></p> <p>City <u>Baltimore</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21202</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MEBA Benefit Plans</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1007 Eastern Ave</u></p> <p>City <u>Baltimore</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21202</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>MEBA Benefit Plans are jointly-trusted, multiemployer benefit plans that provide benefits to participants represented by the M.E.B.A.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$10,435.11</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>The amount identified in Box 11b is for reimbursement of travel-related expenses incurred in attending MEBA Benefit Plans board of trustee meetings for which I am a trustee and was required to attend, as well as for attending trustee educational meetings sponsored by the International Foundation of Employee Benefit Plans</u></p> <p>12.b. Amount. <u>\$10,435.11</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

MEBA Medical and Benefits Plan  
2005 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
William Van Loo	Medical	571725	2/19/2005	\$ 18.14	MJB - Lunch February Meeting
William Van Loo	Medical	571725	2/22/2005	\$ 25.25	MJB - Breakfast February Meeting
William Van Loo	Medical	571725	3/28/2005	\$ 1,848.87	Reimbursement of Travel Expense Relating to Trustee Meeting 02/05
William Van Loo	Medical	571700		\$ 141.00	02/05 BOT Meeting Dinner
William Van Loo	Medical	571700	5/4/2005	\$ 386.48	Various Meals 02/05 Trustee Meeting
William Van Loo	Medical	571700	4/18/2005	\$ 50.91	MJB - Dinner April Meeting
William Van Loo	Medical	571700	6/6/2005	\$ 980.57	Reimbursement of Travel Expense Relating to Trustee Meeting 04/05
William Van Loo	Medical	571700		\$ 48.88	04/05 BOT Meeting Dinner
William Van Loo	Medical	571700	8/12/2005	\$ 385.34	Various Meals 04/05 Trustee Meeting
William Van Loo	Medical	571700	6/19/2005	\$ 29.38	MJB - Dinner June Meeting
William Van Loo	Medical	571700	6/22/2005	\$ 29.99	MJB - Breakfast June Meeting
William Van Loo	Medical	571700	6/23/2005	\$ 52.00	MJB - Dinner June Meeting
William Van Loo	Medical	571850	6/29/2005	\$ 1,590.00	IFEBP Fees
William Van Loo	Medical	571700	7/13/2005	\$ 2,011.30	Reimbursement of Travel Expense Relating to Trustee Meeting 08/05
William Van Loo	Medical	571700		\$ 161.13	08/05 BOT Meeting Dinner
William Van Loo	Medical	571700	7/7/2005	\$ 329.71	Various Meals 08/05 Trustee Meeting
William Van Loo	Medical		11/4/2005	\$ 21.90	MJB - Breakfast AOTOS Dinner/NY
William Van Loo	Medical	571850	12/8/2005	\$ 2,544.28	IFEBP November 2005
				\$10,435.11	